	PAIGN CONT	RIBUTION	S AND I	EXPENSE	S RE	PORT	Sta	ate of Nevada
tro Vame (pri		tire	Fra	if applicable)	of	nev	ada	District (if applicable)
<u>2. ö.</u>	Box	95906	, ha	1 7	a s ,	NV,	8919	3 - 5 906
Mail Add	dress (include city and	arzip code)		<u>.</u>			Telephone No.	· · · · · · · · · · · · · · · · · · ·
lect Ap	propriate Box(es)	CANDIDATE TO	PAC □BA	.G □POLPR	RTY 🔲	IND EXP 🔲	AMENDED _	ANNUAL FILING
1	Annual Filing Period: January 1, 2	j - Due Janu	ary 15, 20)04				
	renoc: January 1, 2	ang – Necember 9.	1, 2003				1 220	
]	Report #1 D	ue August 31	. 2004				<i>6</i> %	EB 2005
	is in an Office with a 4 is in an Office with a 6	-year term Peni	od: Jan. 5.	, <mark>2001 — Aug 2</mark> 6, 0, 1998 — Aug 2			' '	LD (2003
others	vocacy Groups (BAG	Peri	od: Jan.1,	2004 - Aug. 26,	2004			DEAN HELLER
iivi Aui		, ·		i, 2002 Aug 26,	, 2004		SEC	RETARY OF STATI
	Report #2 Due	October 26 Perio		7, 2004 — Oct. 2	1, 2004		FOF	R OFFICE USE ONLY
1	Report #3 Due	— January 1	v					
Gs onh		Perio	d: Oct. 22	2, 2004 — Dec. 3				
99 OUI)		Perio		2, 2004 - Dec. 5,	2004			
	Annual Filing - Period: January	- Due January	15, 2005	n.a.				
hird R	Report suffices fo	r 2005 Annual I	Filing if car	ndidate also f	iled Rep	ort Nos. 1	and 2	
								Cumulative
	CONTRIB	UTIONS SUN	MARY					From Beginning
					• • • • • • • • • • • • • • • • • • • •		This Period	of Report Period #1 through End
		A	* .			, ,	. 12. ♥ 1. 42. •1	or This Reporting
1.	Total Monetary Con	tributions Receive	d in Excess	of \$100		· · ·		Period
2.	Total Monetary Con	tributions Receive	d of \$100 or	Less		_		69716.5
				This Period		rtive From		
					Thursday	Period #1		
			6	9716.50	This Re Period	h End of porting		
3.	Total Amount of M	onetary Contribu	tions		renod			1
	Received (Add Lines 1 and 2)		•					69716.58
	Total Value of In Kir Excess of \$100		eceived in		-	-		
	FVC00 OI \$100			 .		-		
		:					± 25	
	N.	٠.	EXP	ENSES SU	MMAR	Y	8.	
	Total Monetary Exp							33500.0
	Total Monetary Expe Total Amount of Al							-
((Add Lines 5 and 6)							33500.00
8. 1	Fotal Value of In Kin of \$100	d Expenses in Exc	ess		-6	<u> </u>		
	: • :==		•	9.11	<u> </u>			
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nalas- 1	Hadas Dees by 1955	1		AFFIRMATI			į.	
*CIATO	Under Penalty of F	regury That the	Foregoing is	s True and Co	mect.			
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ature	melly 1	V. Veit					1-25	-2005
amie	V						Date / OF	1 20

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Professional Fire Fighters of Hevada Name (print) Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN

This page may be copied or duplicated if additional space is needed.

Professional Fire Fighter of Nevada Name (print) - Office (if applicable)

District (if applicable)

Expense Categories

	· · · · · ·
CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Nevada

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Berne Anderson 747 Glen Meadow Dr. Starks NV 89454	ے د	6-1-04	\$500
Debbie Smith	7	6-1-04	\$500
3270 Wilma Dr. Spanks NV 89431	7	10-4-04	\$ 500
Shelia Leslie 825 Hu_bold+ St	7	6-1-04	\$ 500
Reno NU 89509 Bonnie Parnell	د	6-1-04	# 500
Cason City NV 89703	۷	10-4-04	# 500
Marcia de Braga	۲	6-1-04	\$ 500
11050 Fitz LAI. 89406			
David Parks P.O. Box 7/887	7	6-1-04	\$ 500
LAS VEGAS NV 89/70			
Martus Conklin	7	6-1-04	\$ 500
Las Vegas HV 89128 William Horn	١	10-4-04	\$ 500
William Horn 2251 North Compart Blid #357 Las Vegas		6-1-04	\$ 500
Richard Perkins	ک	6-1-04	\$ 500
328 Fife St. Henderson NV 89015	7	10-5-04	A 1000
Jerry Clayborn 6617 Network Cir Las Vegas NV 89156		6-1-04	# 500
Wark Manendo 4629 Butterfly Cir Las Vegas NV 89122	7	6-1-04	\$ 500
Kelvin Atkinson	7	6-1-04	# 500
5631 Indian Springs St. North Las Vegas 4V 89031	۷	10-5-04	B 500
John Ocegura 1445 Tradewind Ct. Las Vegas NV 89123	٦	6-1-04	\$ 500

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Name (print)

Fire Office (if applicable) Nevada

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR	CATEGORY		
ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE	(See Previous Page)	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
EXPENSE(S)	NRS 294A.365		EASTEX ENGE
Kathy McClain	7	6-1-04	# 500
2457 Swan Lane Las Vegas NV 89181	7	10-4-04	B 500
Ellen Koivisto 11 47 Timber Ridge Ct. Las Vesas JV 89110	7	6-1-04	\$ 500
Genie Ohrenschall 1124 S. 15th ST. Las Vegas NV 89/01	7	6-1-04	\$ 500
Bob McCleary 2205 FLOWER AU LAS Vegas NU 89030	7	6-1-04	\$ 500
Chis Giunchialiani 706 Braken Ave Las Vegas NV 89104	7	6-1-04	\$ 500
Barbara Buckley 5442 Holdrook Ar.	٦	6-1-04	\$ 500
13 40 Holling L. Dr. Las Vesas NV 89/03		10-5-04	A 1000
Morse Arberry 5300 Vest Spring Moutein tox Las Vegas No 89146	لہ	6-1-04	\$ 500
Peggy Pierce 5304 GIPSYAUE Las Vegas NV 89/07	7	6-1-04	\$500
Valerie Wiener # 3540 West Sahara 352 Las Vegas Nu 89102	7	6-1-04	#500
Dina Titus 1637 Travois Cir Las Vezas NV Bajia	7	6-1-04	A 500
John Lee 1340 Borderwood Ln. N. Las Vegas 89031		6-28-04	# 500
Steve Horsford 1305 U. Crang Rd #5310 N. Las Vegas 89032	د د	6-28-04	8500
lee Heck	٥.	6-28-04	B 500
P.O. BOD 530520 HENDERSON NV 89053	7	10-14-04	# 2500

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Nevada Fire Frakters
Office (if applicable) Name (print)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Ray Rawson 2217 Scarlet Rose Dr. Las Vegas dv 89134		6-28-04	\$ 500
White Schnender 6381 Sandpiperway Las Vegas 21 89103	7	6-28-04	\$500
Warilyn Kirkpatrick 4747 Showdown Dr. 4. Las Vegas AV 89031	7	6-28-04	d 500
Geoffry Vanderpal 7251 W. Cake Mead #300 Las Vegas NV 89128	7	6-28-04	\$ 500
Justin Doucette 4108 Fred Ped Ct Las Vegas NV 89129	7	6-28-04	#500
Kirk Kaplan 7835 GeyserHill Ln Las Vegas NV 89147	7	6-28-04	#500
Wendell Williams 3701 Fortune Ave Las Vegas No	7	6-28-04	A 500
Joe Hogge 2208 Plaza De La Carolela Las Vegas JU 89102	٦	6-28-04	B500
Justin Jones 9 360 W. Flamingo #10.471 Las Vegas NV 89147	٦	6-28-04	# 500
Joe Hardy 882 Fairway Dr. Boulder City NV 89005	۲,	6-28-04	A 500
Mo Denis 3200 Osage Ave Las Vegas NU 89101	_ل_	6-28-04	A 500
Susan Gerhardt 2245 N. GVP #512 Henderson NV 89014	7	6-28-04	\$ 500
Bill Raggio P.o. Box 281 Reno NV 89504	١	7-24-04	H 500

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Professional	Fire	Fighters	<u>+</u>	Nevada
Name (print)		Office (if applicable)		

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Jason Geddes 750 Putnam Dave Leno NV 89503	7	7-24-04	8500
Cathyles James P.O. Box 1104 Virgina City AV 89440	٦	7-24-04	# 500
Lonnie Feenster 7995 Pyranid Hwy Sparks NV 89436	٦	7-24-04	\$ 500
Caren Levinson 2600 CopperCove In Henderso- NU 89074	7	8-3-04	B500
John Carpenter P.O. Box 190 ECKO AV 89803	7	8-28-04	#500
Mike McGinness Z70 wiches load. Fallon NU 89406	7	8-28-04	H 500
David Love University Station Box 8067 Keno NV 89507	لہ	9-30-04	B 500
Heidi Seevers Gansert 4470 Moutaingate Dr. Reno NV 895000 TE.	7	9-30-04	A 500
Paul Mozen 4805 Turningeaf Reno NV 89507	7	9-30-04	A 500
Randy Green 1308 Jobs Peak Gardnerville NV 89460	ہا	9-30-04	B 500
Rod Sherer 1970 N. Leslie #301 Pahrump NV 89048	ا د	10-14-04	\$ 500

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Name	(print)	<u>-</u>	

	,	Fire
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Fighters Office (if applicable)

Nevada

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
-			/	
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Jame (nrim)	,	

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	:		
			<u></u>

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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